



HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813

or P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: (808) 587-0460 FAX: (808) 587-0470

email: ethics@hawaiiethics.org

Web site: www.hawaii.gov/ethics

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NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Cook	Charles	Woron	571-286-9978
MAILING ADDRESS (Street)			FAX
451 Nahua Street, #202			EMAIL
			cwcook78@gmail.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96815	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Planned Parenthood of Hawaii Action Network			
MAILING ADDRESS (Street)			FAX
PO Box 235814			EMAIL
			pphan@hotmail.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96823	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Joan Rich			808-735-8698
MAILING ADDRESS (Street)			FAX
3777 Pukalani Pl.			EMAIL
			joanrich@hawaii.rr.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96816	

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

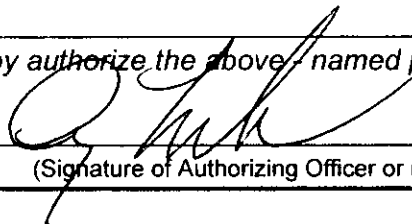
1-20-13

(Date)

PART V AUTHORIZATION TO LOBBY

NAME Amy Monk		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Board Chair	
NAME OF ORGANIZATION (if applicable) Planned Parenthood of Hawaii Action Network		TELEPHONE 808-396-5959	
MAILING ADDRESS (Street) PO Box 235814		FAX	
		EMAIL pphian@hotmail.com	
(City) Honolulu	(State) HI	(Zip Code) 96823	

I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1/23/13

(Date)